

INSTRUCTIONS FOR APPLICATION FOR EXTENSION OF TIME PAYMENT PLAN

1. Please fill out the application ***completely***.
2. Please **do not leave any blank lines**, if you don't have the answer or know the answer please put "N/A" as the State requires that all lines be filled in.
3. In the references section, please be sure that you list **2 (two)** different individuals, as we do call them to verify your information. We need name, address and phone number.
4. If you are currently unemployed, and **DO NOT** receive unemployment, please put on the front page the **PERSON who will help with your payment obligation**.
5. On the last page, please date the designated area, and sign your signature.
6. Please ***email or mail*** the paperwork to: sbevel@henderson-county.com or druss@henderson-county.com

Henderson County Attorney's Office
Attn: Collections Department
100 E. Tyler Street, Room 100
Athens, Texas 75751
903-675-6193

Thank you for your time and attention to this matter.

Please Check Any Other Sources of Income you receive and the amount (s):

Welfare \$ _____ Retirement \$ _____ Social Security \$ _____
Uempl. \$ _____ Food Stamps \$ _____ Disability \$ _____
TANF \$ _____ SNAP \$ _____ WIC \$ _____ Child Support \$ _____

Bank Accounts: ___ Checking Bank Name _____ Balance \$ _____
___ Savings Bank Name _____ Balance \$ _____

Do you own your home? Yes___ No___
If NO, give Name of Mortgage Company _____
Are you renting? Yes___ No___
Do you own Any Other Property or Real Estate? Yes___ No___ If yes, where? _____

Automobiles: _____
Year Make Model Year Make Model

OBLIGATIONS:

Number of Dependents you support? ___ [] Spouse [] Children (ages) _____
[] Other (relationship) _____

List All of Your Creditors (ex. Banks, Credit Card Accounts, Finance Companies, Rent-to-Own Companies, Auto Payment Mortgage Company, etc.)

Company Name	Balance Owed	Payment Amt. (wk./mo.)

Monthly Expenses Paid:

Rent \$ _____ Electric \$ _____ Gas \$ _____ Phone \$ _____ Water \$ _____
Food \$ _____ Cable TV \$ _____ Child Care \$ _____ Child Support \$ _____
Life/Health Ins. \$ _____ Alimony \$ _____ Tobacco Products \$ _____ Restaurants \$ _____
Car/House Insurance \$ _____

If renting _____
Landlord's Name Address Phone #

ACKNOWLEDGMENT AND DECLARATION:

Under penalty of perjury, I hereby certify the information I have supplied is complete and accurate statement of my current financial condition. I authorize the Collections Department of Henderson County, their employees or agents to conduct a complete and thorough investigation of my financial statement. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgment that I formally request an extension of time to pay fine and courts costs due and payable to Henderson County.

Sworn and Subscribed to this _____ day of _____ 20____, by the Defendant.

X

Defendant's Signature

(For Office Use Only)

Case Number _____

Date: _____ Interview: _____ Date: _____ Verification: _____